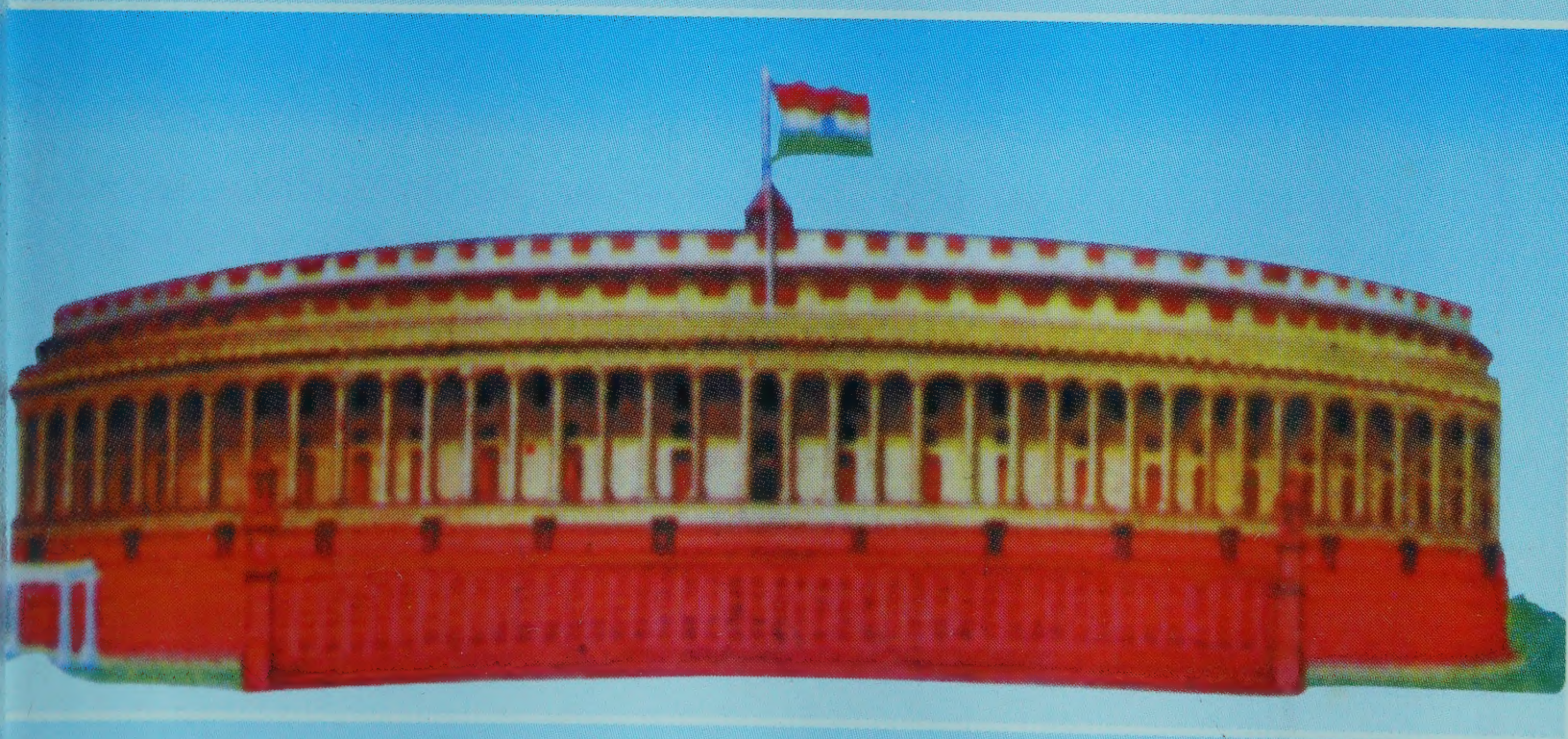


NATIONAL POLICIES AND STRATEGIES IN COMMUNITY BASED REHABILITATION



CBR NETWORK

(South Asia)

A NGO movement bridging the gaps....

Community Based Rehabilitation treats the family as a unit, not the individual. It is holistic because it has a focus on meeting the needs of all people with disabilities...without disintegrating them from their families and the communities.....

We are differently abled not disabled.....

CBR Partnership Market

The partnership market functions as a matrimonial bureau matching offers and requests of both Government and NGOs. Some of the broad areas where the exchange is taking place are training, technical support, planning and management of CBR at Government and NGO levels, information on resource persons, funding agencies, publication, etc.

CBR Research

We are promoting CBR Research in the areas of CBR, integrated education, integration into mainstream development programs, public policies with a focus on scaling up of basic rehabilitation services, advocacy and empowerment of people with disability and their families, Government policies, impact of CBR in enhancing the participation of people with disabilities.

CBR Network : A Self Help Movement

A majority of people with disabilities live in South Asia and NGOs in the region are addressing various issues concerning People With Disabilities (PWD).

CBR Network was started in 1993 to break the isolation of NGOs, and to promote sharing of knowledge, skills, experiences, success, failure, and to influence policy makers for favourable policies.

CBR Network also promotes positive linkages between Government and NGOs facilitating full participation of PWDs.

CBR how it works

CBR is a strategy, that recognizes the community's strengths and facilitates empowerment and inclusion of people with disabilities in all mainstream development programs without disintegrating them from family and community.

NGO database

There are over several thousand NGOs in South Asia. Some have formal entities but a large number of them work in informal settings. CBR Network is developing and updating a database on NGOs and voluntary groups. This database gives information about NGOs, their works, their needs, and what they can offer to others.

From Panchayat to Parliament - Book 4

**NATIONAL POLICIES AND
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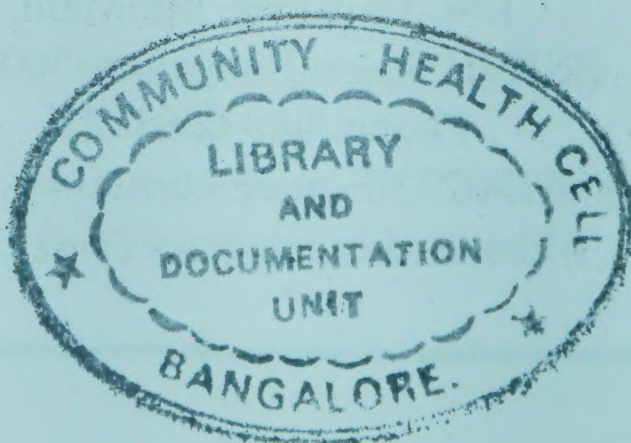
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From Parliament to Parliament - Book 4

NATIONAL POLICY AND
STRATEGIES FOR
IMPROVED
NUTRITION



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Prologue

The concept of Community-Based Rehabilitation (CBR) was mooted by the World Health Organization (WHO) when the technical reports of 1958 and 1969 suggested that rehabilitation services must be considered as a natural and essential part of health-care services. CBR springs from within the community, building upon existing strengths. Perhaps the most widely accepted definition of Community Based Rehabilitation (CBR) is "a strategy for enhancing the quality of life of people with disabilities by improving service-delivery, by providing more equitable opportunities and by promoting and protecting their human rights."

CBR builds on community initiatives and local resources. It seeks to mobilize people with disabilities and their families and to promote the widest possible inclusion of them in mainstream rural and urban development. CBR is a multi-sectoral and multi-pronged strategy, enveloping all areas of sustainable human development. Research work and inroads have been made in sectors such as technical support, funding and influencing public policies with regard to people with disability. But this information is scattered and not accessible to all at the appropriate time.

A CBR system has been shown to have low costs, yet provide effective results. Through a system that builds on their inclusion in regular schools, mainstream training, employment and other development schemes, people with disability will be better integrated in their societies. Finally, people with disability will become independent, self-reliant and productive members of the society.

This book is an attempt to give a broader vision, perspective and understanding of what is happening under the umbrella of CBR. We have gathered relevant material from authentic sources and presented CBR not just as an effective strategy but as a tool for complete integration of people with disability. The focus is on work done and progress made in various sectors. Collecting and collating material seemed an onerous task, but with the unstinting help and support of organizations and individuals our efforts have taken a concrete shape. At the end of it we realized that there are still miles to go Let us take one step at a time and globalize Community-Based Rehabilitation.

POLICIES IN EXISTENCE

A global attempt to understand the magnitude of the problems faced by the disabled was initiated just before the International Year of Disabled Persons in 1981, and the outcome was the formulation and adaptation of the UN program of action concerning Persons/People with Disability (PWDs). The global action declared the decade to promote and rehabilitate PWDs. Since then dynamic plans and measures have been introduced for the total welfare and rehabilitation of PWDs.

Our constitution provides the basic policy direction for PWDs. The directive principles of state policy are fundamental in the governing of the country. Article 38 of the Directive Principles in the constitution, enjoins the State to promote the welfare of all people including PWDs. Article 39 in the Constitution requires the State to ensure that all citizens have the right to adequate means of livelihood. Article 43 emphasizes that the State shall secure to all workers a living wage, satisfactory conditions of work, a decent standard of life, and full enjoyment of leisure, social and cultural opportunities. And in the Constitution it is stressed that persons with disability (PWDs) should have the same rights as other members of the society. Unless there is a clear-cut policy on disability, there will be a lot of ambiguities and scope for misconception. It should be emphasized that a PWD possesses the same fundamental rights like any other citizen of the country regardless of the type and degree of disability. The PWDs pay taxes like all citizens, and they do not expect any concessions. All that is required is a policy, which defines their rights, the plan of action, so that the entire approach to disability is a holistic one. And both short and long term plans have to be judiciously implemented.

POLICY DECLARATIONS BY INTERNATIONAL ORGANIZATIONS

A number of International Organizations interested in people with disabilities have formulated policy documents, among these: Rehabilitation International, Disabled People's International, World Veterans Federation, World Blind Union, World Federation of the Deaf, Inclusion International (Formerly ILSMH).

Country Policies

Many countries have formulated policy statements concerning their disabled citizens. Such statements may appear in the Constitution, in legislative acts, in guidelines or recommendations issued by various ministries, etc.

The Strategy of Community-Based Rehabilitation

In the conventional service system, institutions for people with disabilities played an important role. For many years, the experts had held the belief that extension of existing institutions would eventually lead to full coverage of the needs of people with disabilities. After being tried for about 15 years, an alternative strategy - community-based rehabilitation (CBR) - has come to be/being generally accepted today. The PWD participates to the greatest possible extent in SHG through mainstream programs in the community where he or she lives. Individualized programs carried out by the family and the community complement this participation. Thus, communities must take responsibility for their own programs, and provide such local resources that are not provided elsewhere.

Building a CBR program requires a commitment by the Government to provide the back bone of technical and administrative support through a network of public services. In all countries, the government needs to formulate adequate policies and to provide a national multi-sectoral program. Emphasis should be given to providing access to all appropriate SHG programs for people with disabilities. The government needs to set guidelines on how external donors and NGOs can apply the most cost-effective and sustainable approach to a cooperative effort.

GOVERNMENTS AND CBR

Services and other interventions in favor of people with disabilities must be permanent and should aim at eventually covering the needs in every part of the country. This will not be possible without competent personnel and a proper organizational structure. Only governments can provide such organization, and it is necessary that they become interested in this role and assume their responsibilities for policy making, planning and execution of CBR program.

Policy Making

The next item on the agenda, once a government has decided to become involved, concerns the formulation of appropriate and detailed policies. It is most common to find that Ministries and departments do not have, or very rarely formulate policy documents. Where documents exist, they are mainly for a single sector. For instance, the Ministry of Education would have a policy on Special Education. Only in isolated cases there exist a multi-sectoral policy formulation that is issued by the government as the outcome of inter-ministerial consultations and decisions. This is one of the reasons why national coordination is poorly developed.

Policy review

All governments have some general policies, which are applicable to people with disabilities. Such policies are laid down in instruments such as the Constitution or the Bill of Rights of a country, or in the UN Declaration on Human Rights (which all Member States of the United Nations have adopted), among others.

Besides, there may exist specific policies formulated as decrees, legislation, administrative rules and regulations, statements in a five year country plan and so forth.

All existing policies should be reviewed and evaluated with two questions in mind:

1. Have these policies been fully implemented or not? If not, how can one promote their application?
2. Are these policies adequate or not? If not, what amendments are needed?

Promoting Existing Policies

Many of the existing policies concern human rights or are of a general nature and were not formulated specifically with people with disabilities in mind. Examples of these are: the rights to public services, to education and to work.

In the developing countries, systems concerned with these sectors are only partly in place. So, any deficiencies in sectors such as health services, schooling, employment opportunities and others will affect people with disabilities and able-bodied people alike. When it comes to using what is there, the people with disabilities often face added difficulty ; discrimination. And this should be done away with.

Too little is being done to implement specific policies concerning people with disabilities. Legislation, decrees, etc. related to positive discrimination, are not enforced. But theses may not be required if a sufficient effort is made to enforce existing legislation and policies in favor of all citizens.

Example of the contents of a Government Plan

Introduction Background: Who took this initiative for planning? Were there guidelines given? If so, quote?

Who participated in the planning? Which Ministry(ies), representatives of political bodies, professions, representatives of organizations (e.g. of people with disabilities or their parents?)

Did the planners undertake any particular studies: surveys, questionnaires, studies of development projects, study tours to other countries, seminars and so on?

Situation Analysis

- a) Estimate the prevalence of people with disabilities, the causes of disability, the expected future development.
- b) Review existing policies, decrees, legislation and specific measures to assist people with disabilities. Evaluate the impact of these policies.
- c) Describe existing specific services for people with disabilities (government, NGO etc.); their programs, number of people with disabilities admitted or served in a year, annual intake, costs, quality and long term results (if known). Finally, estimate the proportion of needs met through existing services.
- d) Estimate the extent to which people with disabilities are using ordinary public services: health, education, vocational training, transportation, etc., as well as the

number of people with disabilities finding employment in the open market.

- e) Estimate the social and the economic situation of people with disabilities (economic existing prejudice, degree of social integration).
- f) Assess the importance of various environmental factors that influence quality of life of people with disabilities.

Problem Definitions: A short account of the problems people with disabilities, especially the low quality of life is stated here. Almost all of them have no access to services. They have no opportunities for schooling, vocational training or employment. They face a number of environmental constraints. Their human rights are not well protected. They lack organizations representing their interests, as well as adequate political representation.

Strategies: Discuss various options of resolving the problems listed above, such as expansion of the present system, and the alternative of community-based rehabilitation. Analyze the potential achievements of each alternative. Then calculate relevant inputs needed for the implementation of each in terms of personnel, equipment, budget and so forth, and discuss the constraints that are likely to delay the implementation of individual program components.

Finally, propose a strategy that has the potential to solve the problems described above at a minimum of constraints and within a reasonable time limit.

Objectives and Targets

Formulate the objective: A general description of what the program seeks to achieve. Then specify the objectives of each program component, including services providing functional

training, special education, vocational training and employment, environmental interventions, legal protection and representation. Mainstream programs should be given priority; special services should be proposed only when necessary.

As a next step, *formulate the targets*: specific quantitative results to be achieved within a period of 5 to 10 years. Formulate such targets separately for each program component and revise them on completion of the entire planning document so as to make sure they are realistic.

Program Description: Describe the activities that should be carried out concerning services and management at the various levels. *Start with the community*: what will be the community's role in the planning/ implementation/ evaluation processes of the program? Who will do what (the community committee, the community worker, the teacher, etc.)? How will the various activities be financed at the community level?

Then describe the activities at the intermediate level: which are the tasks to be done by the intermediate level supervisor, and how many of these will be needed? Will there be a mobile resource teacher? How will he/she work? How many are needed? How will disabled young people undergo vocational assessment, followed by vocational training? How will jobs be sought for them? "Finally, outline the government's role in management, development of personnel, financing and evaluation.

Personnel: Describe how the training of community workers will be carried out: by whom, duration, where, learning materials, costs.

Then discuss the various options for choosing an existing group of intermediate level supervisors or - if need be - how to train a new professional for this purpose.

Decide on the best alternative.

Define the educational objectives of the training, outline the detailed contents of the various courses, and propose a timetable for the courses, including for those related to maintenance and upgrading of knowledge and skills.

Describe all inputs needed; teachers and personnel, how are they going to be trained; school facilities, pedagogic material, equipment, transport, teachers' and students' accommodation, etc.

Time Plan: Make a time plan, listing all action to be taken, dates for start and for completion, and who is responsible. The time plan for the short-term period (1-2 years) needs to be detailed; for the following years an outline is normally sufficient.

Budget and Financing: Calculate a budget for a medium-term period of 5 years. This budget should cover the cost of the specific program components at the intermediate and the higher levels. It is assumed that the costs at the community level will be covered by the local committee. These costs need to be calculated so as to inform the communities. The use of mainstream programs will only include extra costs, e.g. for adaptation of premises and for transport.

For the purposes of financing the budget, divide it into 2 components: one for program development and one for program functioning.

The first component could include all costs for training personnel including buildings, means of transport, equipment, pedagogic material, study tours and fellowships. The second

component includes salaries for government personnel, their offices, communication costs and, after an initial period, their transportation.

Funds for the development components should be sought from development agencies, whereas the second component is proposed to be financed by the government.

There needs to be a discussion of the extent to which the government will participate in the funding of the existing, externally financed institutions or referral centers.

It is preferable to integrate these, if considered viable, into the CBR system and to ask the donors to contribute to their reorientation and future functioning.

In most countries such centers are slowly being absorbed by the government, starting with small annual contributions that increase with time.

Evaluation: Describe what is going to be evaluated (the targets), how (choice of indicators), when and by whom.

Propose action to be taken concerning reprogramming or adaptations in light of the evaluation. Who will have the authority to undertake such action?

Management and Coordination: Describe how the management of the national program will be done? Which Ministry will be responsible? How are the others going to be involved? How is coordination to be achieved - by a steering committee or by a national coordinating body? Make a description for the post of national manager, and describe the responsibilities of the provincial and district managers.

Plan for delegation of responsibility for local decisions. Outline how consultants of local, district, province and

national organizations of people with disabilities will be done, as well as consultations of community leaders/committees. Formulate the respective roles of the legislative and executive branches of the government.

FORMULATING NEW POLICIES

If a government decides to implement a CBR program, one of the first steps could be to formulate a detailed policy statement, outlining how the program will be carried out. It is an example of a policy declaration that covers all aspects. It should be noted that the body, which formulates the statement, ensures that the document includes reference to the following:

- what is going to be achieved.
- how to implement a change
- who is going to be responsible for the change
- when can such a change be made
- a commitment to provide the resources needed for the change.

FUNDAMENTAL POLICY AND PRIORITIES

A PWD possesses fundamental rights equal to those possessed by any citizen of the same age regardless of the type and degree of disability. This "Right" is the very foundation for the rehabilitation measures for PWDs.

Therefore, efforts will be made to continue to promote active measures so that PWDs, as far as possible will have a social life and activities similar to those of other citizens.

Hence, it is necessary to evolve comprehensive policies and plans; to evolve a fundamental policy approach; and to establish priority measures to be implemented over a period of time.

FUNDAMENTAL POLICY AND COMPREHENSIVE PLAN

A long-term plan is mainly based on the following concepts:

- a. Prevention
- b. Rehabilitation
- c. Integration

These concepts are necessary for the promotion of the prevention of disability and rehabilitation and for the attainment of the goal of equal opportunities and equal participation of PWDs.

The priority measures mentioned hereunder have taken into account the policies and measures of the Government of India as well as the Government of Karnataka.

- a. Prevention, early detection and early intervention of childhood disability should be treated as priority measures in the planning of services for PWDs.
- b. To promote and support their independence, PWDs should play a positive role in contributing to social and economic development through active participation. Efforts should be made to promote and to support their independence.
- c. This priority plan will have to be evaluated after 5 years of its implementation in order to determine its impact and evolve realistic objectives.

- d. This policy will be supported by specific Annual Action Plans for Implementation.

Prevention of Disabilities

The population affected by various kinds of disability engender health, social and economic problems. In view of the gravity and wide spread occurrence of disabilities, there is a need for concentrated preventive health-care program. A positive bias towards rural preventive health-care is urgently required within health-care systems.

There is a greater need to develop a separate preventive health program for the PWDs. On the lines of the present national health programs different aspects should be developed and implemented within a definite time frame.

An immunization program must be treated as a priority measure for the next decade in the prevention program. Positive measures should be taken for safe delivery; the training of birth attendants, and creating awareness in pregnant women about nutrition and child development. The possibility of prevention of consanguineous marriages, which may lead to the birth of disabled children needs to be examined. Special measures need to be developed to prevent disability occurring because of malnutrition. Early detection and the supply of necessary early medical treatment to disabled children with congenital disorders will reduce the incidence of disability.

National and International Coordination and Linkages

Efforts should be made to establish a successful system which efficiently coordinates and integrates all related measures in

different fields and departments such as welfare, health, labor and rural and urban development programs.

A coordination council and an inter-ministerial body, each at the secretariat level, are proposed so that the inter-departmental coordination and cooperation is ensured.

The role of advocacy should be specially assigned to the department responsible for the welfare of PWDs.

The policy outline laid down in this document must be translated into appropriate action plans and schemes so that over a period of time it is implemented.

For coordinated monitoring of the entire program an apex body consisting of both Government and NGOs should be established at the state level. A similar representative body may also be established at the district level for a speedy and decentralized program of action.

Mobilization of National and International Working

The international standards which provide the basis for dealing with the problem of PWDs (1982), which are based on the international declaration of human rights (1948), the declaration of rights of mentally retarded persons (1971) and the declaration on the rights of PWDs (1975), have acquired world-wide recognition and acceptance.

To observe such a general standard and to promote the welfare of PWDs in Karnataka, calls for networking both in the national framework and in the international scene. In this way only can the full participation of PWDs especially living in developing nations be ensured.

In developing services for PWDs concerted efforts must be made to evolve different methods of utilizing the potentials in Indian families.

To promote the dissemination of information and practices between Government and NGOs appropriate forums should be developed, and the exchange of personnel and information should be encouraged.

Coordinated public information should be developed jointly by the various concerned ministries in order to facilitate the proper understanding and recognition of PWDs by the general public.

There should be continuing cooperation with a national institute in India in order to strengthen the action plan through in-depth research, pilot programs, the training of personnel, the development of appropriate aids, and audio and visual aids.

Special efforts and coordination should be encouraged with international organizations like UNO, UNICEF, WHO and other non-governmental international forums which actively subscribe to the promotion of services for PWDs.

Employment

The basic premise that PWDs can perform only certain jobs is open to question. The existing policy of the Government in identifying only certain vacancies as suitable for PWDs betrays a negative approach. All Governments and quasi-Government undertakings should be required to employ persons of all disabilities at all levels and in all types of employment subject to their being qualified and able to carry out such jobs.

Appropriate technology should be developed to promote new forms of employment, self-employment and group employment. A proper employment service should be developed, keeping in view the opportunities available in the rural areas. Welfare services for aged PWDs should be created within the community.

Proper information in the form of a periodicals, information directory should be published, giving details of job opportunities, the various funds available for PWDs, and other related information.

Advocacy and Protection

The term advocacy has been generally understood as the process of pleading the cause or action on behalf of PWDs to secure the services that they require and their entitlement to their full rights. Advocates may be consumers, volunteers or professionals who can independently further the interests of PWDs. As agents of PWDs they pledge their loyalty, confidentiality and commitment to promote their cause. Besides, advocacy by citizens, legal advocacy and advocacy by guardians should also be actively promoted.

To achieve this mass program using the media and other communication networks to build awareness on advocacy and the proper orientation and training of advocates needs to be promoted. This advocacy needs to be actively promoted at different levels within the rural and urban administrative structure with proper linkages with appropriate ministries to safeguard the interests of PWDs in general, and disabled girls and women who are in danger of exploitation in particular.



COMMUNICATIONS AND PHYSICAL ENVIRONMENT

Architectural design and Barriers:

Public buildings should be designed to ensure easier access for PWDs. No building should be given an NOC unless there is a provision for accessibility to and for easier mobility of PWDs.

Existing public building should carry out modification of their architectural design so that existing architectural barriers are removed. All future construction of buildings should incorporate these new measures.

Promotion of Mobility and Transportation Measures:

With the increasing opportunities to PWDs for participation in society and the expanding scope of their activities it has become increasingly important to reduce the barriers to PWDs in their mobility. For the future promotion of mobility and transportation measures, emphasis should be placed on the following:

Public transportation systems at boarding and terminal points must give consideration to the problems of PWDs. Improved mobility systems should be provided to PWDs. Mobility in pedestrian areas and other places should be improved by reducing steps and stairs, and by placing guiding blocks for visually impaired persons.

Information System

It is an undisputable right of PWDs as citizens, to receive the same information as that available to general citizens.

This will enable PWDs to have the same understanding and social consciousness as general citizens, and to improve their communication with other members of society, thereby enabling them to participate in social activities. To achieve this objective efforts should be made to furnish PWDs with adequate information utilizing the various systems of information transmission, which have been developing rapidly in society.

To promote measures for furnishing PWDs with information, emphasis should be placed on the following:

1. Development of equipment for improving communication with PWDs and improving the service network required to utilize such equipment.
2. Information on legal issues relating to PWDs should be supplied to PWDs and their families.
3. The supply of information to PWDs should be at a concessional rate.
4. Consideration needs to be given to providing information regarding the availability of materials and services for PWDs.

Social Security and Welfare

To ensure their social security and welfare, a basic disability benefit scheme for PWDs should be introduced.

To reduce the economic burden on their families created by PWDs this benefit scheme should include a special allowance for home bound persons with severe disabilities aged 20 or over.

The existing pension scheme for PWDs to be reviewed and the money to be channeled to provide education and

rehabilitation services to the un-served PWDs. Nevertheless the PWDs shall continue to receive the welfare benefit until such time they receive other rehabilitation support such as education and employment.

A special insurance scheme may be evolved for PWDs and for children in rural areas and urban slums whose families are in difficult circumstances.

For urban slums, free education, books, transportation and rehabilitation aids shall be provided.

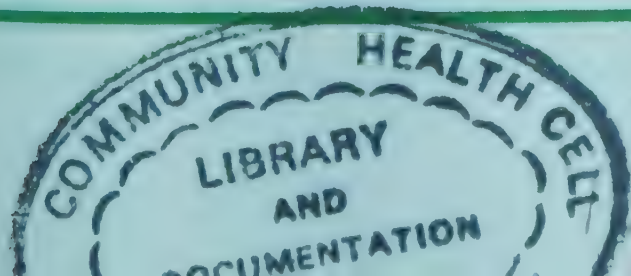
Where necessary, special resources shall be made available. Sports, recreation and other activities in various cultural fields are growing, and public support of such sports and recreation activities is increasing. It is necessary to ensure that PWDs are given the opportunity to participate in these activities equally with other citizens.

Regarding future measures for ensuring a full life for PWDs, emphasis should be placed on the following:

1. Reviewing and revising the amount of benefits to PWDs, in line with the amount of other benefits, in response to changes in living standards. Proper consideration of tax relief shall be given to PWDs. The various allowances (such as disability pension) should be used for providing educational and rehabilitation facilities.

In the area of welfare special emphasis should be laid on the following:

1. The promotion of a comprehensive action plan by different departments for a common educational and rehabilitation program. All main stream services, like health, education, vocational training and medical care should includes



PWD's so that they are integrated. The program for PWDs needs to be implemented as part of the integrated development of the community rather than as isolated measures, which will not yield good results. A range of facilities should be established so that the system responds to PWDs needs and local conditions.

Partnership with Families:

Self-help groups for the parents of PWDs should be promoted. Self-help groups are small groups formed by people voluntarily offering mutual aid to persons with common needs and similar life situations. Self-help groups are basically made up of persons who have lived through the same experience. Such self-help groups for parents and PWDs can be cost effective and provide a range of services to PWDs such as counseling, early identification and meeting their special educational and rehabilitation needs.

Health, welfare, education and disabled welfare departments should be involved in the development of self-help groups. Such integrated involvement will ensure the delivery of quality services to PWDs in the most cost-effective manner.

Training and Research:

A comprehensive policy for PWDs invariably demands Human Resource Development through appropriate training models and need-based research. A teacher training college, which includes integrated education and CBR, should be established, in order to develop resource personnel in this area. Training for multipurpose workers to work in CBR programs and resource teachers to work in integrated education program should be developed. Efforts must be made to promote training program for people to initiate and

coordinate CBR and IED programs with an emphasis on disability management. The State Government should promote short-term training program and orientation courses in the area of disability for teachers and administrators.

Additional incentives need to be provided for CBR workers and resource teachers.

To promote a proper plan of action, it is essential to assess accurately the present state of affairs and needs. A multi-disciplinary research cell should be established so that the promotion of the interest of PWDs is based on scientific findings.

Strategies for Implementation of Policies

The development process, when it is indigenous, produces dynamic results, especially when it springs from the grassroots of the society, which relies on its own strength, resources and vision of its future, and which shares its problems and aspirations. The key to better services undoubtedly lies in mobilizing the skills and resources of families and communities. Hence all attempts must be made for the improvement of the quality of life of people with disabilities within their own environment. Therefore the policy:

- a. Should accord priority to fostering such approaches by developing an appropriate phased plan of action.
- b. Recognizes that there are different ways, methods, approaches and strategies to reach the unreached disabled population as well as to better the quality of the existing services.

Scattered Population

The disabled population is widely scattered, hence the services for PWDs have to be developed in three different contexts:

1. In urban areas,
2. In rural areas, and
3. In rural areas with a scattered population, especially in the tribal and hilly regions.

The basic strategy of implementation shall distinguish between the minimum services and maximum services available - health, education and welfare, and shall ensure that minimum services are made available to all PWDs wherever they are.

Two, commonly and widely recognized strategies viz. Community Based Rehabilitation (CBR) and Integrated Education for Disabled (IED) are appropriate for providing of services to PWDs. This does not in any way exclude the development of other approaches and concepts for working with PWDs.

The promotion of Community Based Rehabilitation and Integrated Education for the horizontal expansion of special education and rehabilitation services needs to be developed, strengthened and reinforced. This approach needs to be cost effective and culturally appropriate to reach large number of PWDs.

To cope with the large number of PWDs, especially in rural areas, CBR models based on the geographical, social, cultural and economic conditions of the region should be developed.

Such models should be developed through pilot projects and studies. Appropriate Community Based Rehabilitation programs for the urban environment have to be developed, keeping in view the requirements of and facilities available for PWDs in urban slums.

Improving the existing Infrastructure:

In addition to promoting CBR programs, the existing health, welfare, labor and educational facilities must be appropriately modified and strengthened.

Integration is a logical outcome of rehabilitation principles. The National program of action stresses that the objective should be to integrate children with disability into the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence.

In IED the goal must be to cover all children with mild handicaps within a specified time period. However, it is recognized that for severely disabled institutional provision may be the only viable solution.

Institutionalization of the disabled should be the last resort in rehabilitation or education.

IED services should be made available in all schools and colleges in a phased program.

Efforts will be made to develop training programs for multi-purpose rehabilitation workers to function in Community Based Rehabilitation Programs and to train resource teachers.

Democracy and PWDs' role in Development

Development agencies increasingly promote democracy; human development can only be sustained with grassroots

participation. Poor people, including those with disabilities, are under-represented everywhere among decision-makers. They rarely sit on community councils, local committees, or on district, provincial and national assemblies. Even in managerial groups or teams that plan services for PWDs, the beneficiaries are seldom represented. What is more, they are absent even on local rehabilitation committees.

It is necessary to recognize that PWDs should have a role in all efforts that relate to their participation in development. This role should be carried out at all levels: the community, the district/province and the national level. The move towards democracy, towards fair representation and influence must include people with disabilities.

One way of achieving this is to promote associations of people with disabilities and their families. Such associations can do a great deal to voice the concerns and needs of people with disabilities. They can also promote and monitor service delivery, welfare measures and better economic conditions for PWDs. The leading members of such associations may benefit from training in management, arranged by development agencies, for example. Their leaders could take part in the training offered to other national NGOs. National associations of people with disabilities and of their families should be encouraged to form a federation or union. In this way they can acquire a recognized role in voicing the opinion of people with disabilities in respect of plans and programs carried out by the Government. Ongoing collaboration with these organizations is essential for all development agencies. The new independent living movement is already making inroads in the developing countries.

GUIDELINES FOR DISTRICT CBR SOCIETIES

1. Preamble:

The Government of Karnataka has decided to set up and finance a District level CBR Scheme. This unique scheme aims at reaching impoverished persons with disabilities with rehabilitation services. It is proposed to set up District CBR societies, which will have the responsibility to implement the scheme.

2. Organization of District CBR Societies:

- a) District CBR Societies, shall be registered as a separate charitable societies under Karnataka State Trust/Society Registration Act.
- b) Each society is accountable and will report to Director, Dept. for the Welfare of Disabled, government of Karnataka.

3. Membership of the Societies

- a) The membership of each Society shall reflect the interests of all those benefiting from the services, as well as those organizations which contribute to its financing, service delivery system and management.
- b) Membership of each society will be granted as follows:
 - i) To all NGOs registered as charitable societies under the Karnataka State Registration Act, which are actively engaged in services for PWDs, either through specific schemes for PWDs or through

general development programs.

- ii) To PWDs living in the District who represent Gram Panchayat association of PWDs.
- iii) To parents of PWDs, living in the District, who represent Gram Panchayat associations of this group
- iv) To persons, who are involved in CBR service delivery
- v) To officials, representing the branches of the Government, responsible for the CBR program
- vi) To personnel, including representatives of local facilitators.

(Comment: it is believed that the association mentioned under ii and iii may not be able to or want to register officially, but no legal obstacles should be put in their way to hinder their participation. A mere statement from Taluk Panchayat, confirming their existence may suffice)

4. Functions of the District Society:

The district Society shall hold at least one annual meeting. All members will be invited to meet with the purpose of:

- a) Reviewing the performance of the Management and Executive Boards
- b) Discussing and approving the plan of work for the next year
- c) Electing by majority vote, the following officers of the Society:
 - i) President: to be chosen among the members of the groups i, ii, iii mentioned in para 3.b above (registered NGOs, organizations of persons with

disabilities, parents of PWDs)

- ii) Its Secretary-General
- iii) 3 Vice-presidents“The election period for the above officers is 2 years. Officers may be re-elected

Meetings will be called one month ahead of time, invitations will be sent out by the Secretary-General.

(Comment: the officers of the Society should not be identical with those of the Management and Executive Boards. It is the role of the annual meeting of the Society to express the needs of the beneficiaries, involve the grassroots in the decisions and to approve the action taken by the Boards.)

- 5. The Board of Management of each Society will have the two groups: One group selected by the Deputing Commissioner to represent the official bodies involved in the program, the second group elected to represent the interests of the beneficiaries.

A) Selected, official members:

- 1. The Deputy Commissioner
- 2. The District Representative of the State Commissioner for Persons with Disabilities
- 3. The Director of Welfare for persons with disabilities“4.
- The Zilla Panchayath president
- 5. The District Health officer
- 6. The DDPI
- 7. The Assistant Director for Women and child welfare/ disabled welfare (district level)
- 8. The Taluk Panchayath Presidents (All taluks)

B) Members of the Management Board, elected at the annual meeting of the District Society.

Epilogue

This is not a piece of fiction with predictable conclusions or pat solutions. We hope that it serves as a comprehensive guide to understanding the implementation, efficacy and long-term benefits of CBR. The statistics and data provided are accurate as of now, but these will have to be revised/upgraded periodically. The dynamics of change are evident everywhere and as CBR becomes a global phenomena, integration of people with disability will become a reality. We have tried to encompass the milestones achieved, the problem areas, national programs implementing CBR and so on.

Sharing and cooperation are the foundations upon which CBR is built. This was amply demonstrated by the assistance we received while compiling and editing the book. We thank all the organizations and individuals for their valuable contributions.

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A step forward



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